

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767329

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** SHEELER OAKS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 WINDSONG CIRCLE  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

860 NORTH S R 434  
STE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-2367089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, MARILYN  
860 NORTH S R 434  
STE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: O'NEAL, ELAINE  
Address: 1044 WINDSONG CR  
City-St-Zip: APOPKA, FL 32703 US

Title: D  
Name: MACDONALD, CHARLENE  
Address: 1924 LARKWOOD DR  
City-St-Zip: APOPKA, FL 32703 US

Title: T  
Name: IVILL, MARK  
Address: 1259 SADDLEBACK RIDGE RD  
City-St-Zip: APOPKA, FL 32703 US

Title: S  
Name: DUVALL, REBECCA A  
Address: 1067 WINDSONG CR  
City-St-Zip: APOPKA, FL 32703 US

Title: MGR  
Name: HERNQUIST, EDITH A  
Address: 860 NORTH S.R. 434, SUITE 1009  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDITH A. HERNQUIST

MGR

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date